

Application or Docket Number

0911074857

| (Column 1) | (Column 2) |
|------------|------------|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |
| 7 | 8 |
| 9 | 10 |
| 11 | 12 |
| 13 | 14 |
| 15 | 16 |
| 17 | 18 |
| 19 | 20 |
| 21 | 22 |
| 23 | 24 |
| 25 | 26 |
| 27 | 28 |
| 29 | 30 |
| 31 | 32 |
| 33 | 34 |
| 35 | 36 |
| 37 | 38 |
| 39 | 40 |
| 41 | 42 |
| 43 | 44 |
| 45 | 46 |
| 47 | 48 |
| 49 | 50 |
| 51 | 52 |
| 53 | 54 |
| 55 | 56 |
| 57 | 58 |
| 59 | 60 |
| 61 | 62 |
| 63 | 64 |
| 65 | 66 |
| 67 | 68 |
| 69 | 70 |
| 71 | 72 |
| 73 | 74 |
| 75 | 76 |
| 77 | 78 |
| 79 | 80 |
| 81 | 82 |
| 83 | 84 |
| 85 | 86 |
| 87 | 88 |
| 89 | 90 |
| 91 | 92 |
| 93 | 94 |
| 95 | 96 |
| 97 | 98 |
| 99 | 100 |

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 31 minus 20 = | |
| INDEPENDENT CLAIMS | 1 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

If the difference in column 1 is less than zero, enter "0" in column 2

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
| 1 | 2 | 3 |
| 4 | 5 | 6 |
| 7 | 8 | 9 |
| 10 | 11 | 12 |
| 13 | 14 | 15 |
| 16 | 17 | 18 |
| 19 | 20 | 21 |
| 22 | 23 | 24 |
| 25 | 26 | 27 |
| 28 | 29 | 30 |
| 31 | 32 | 33 |
| 34 | 35 | 36 |
| 37 | 38 | 39 |
| 40 | 41 | 42 |
| 43 | 44 | 45 |
| 46 | 47 | 48 |
| 49 | 50 | 51 |
| 52 | 53 | 54 |
| 55 | 56 | 57 |
| 58 | 59 | 60 |
| 61 | 62 | 63 |
| 64 | 65 | 66 |
| 67 | 68 | 69 |
| 70 | 71 | 72 |
| 73 | 74 | 75 |
| 76 | 77 | 78 |
| 79 | 80 | 81 |
| 82 | 83 | 84 |
| 85 | 86 | 87 |
| 88 | 89 | 90 |
| 91 | 92 | 93 |
| 94 | 95 | 96 |
| 97 | 98 | 99 |
| 100 | 101 | 102 |
| 103 | 104 | 105 |
| 106 | 107 | 108 |
| 109 | 110 | 111 |
| 112 | 113 | 114 |
| 115 | 116 | 117 |
| 118 | 119 | 120 |
| 121 | 122 | 123 |
| 124 | 125 | 126 |
| 127 | 128 | 129 |
| 130 | 131 | 132 |
| 133 | 134 | 135 |
| 136 | 137 | 138 |
| 139 | 140 | 141 |
| 142 | 143 | 144 |
| 145 | 146 | 147 |
| 148 | 149 | 150 |
| 151 | 152 | 153 |
| 154 | 155 | 156 |
| 157 | 158 | 159 |
| 160 | 161 | 162 |
| 163 | 164 | 165 |
| 166 | 167 | 168 |
| 169 | 170 | 171 |
| 172 | 173 | 174 |
| 175 | 176 | 177 |
| 178 | 179 | 180 |
| 181 | 182 | 183 |
| 184 | 185 | 186 |
| 187 | 188 | 189 |
| 190 | 191 | 192 |
| 193 | 194 | 195 |
| 196 | 197 | 198 |
| 199 | 200 | 201 |
| 202 | 203 | 204 |
| 205 | 206 | 207 |
| 208 | 209 | 210 |
| 211 | 212 | 213 |
| 214 | 215 | 216 |
| 217 | 218 | 219 |
| 220 | 221 | 222 |
| 223 | 224 | 225 |
| 226 | 227 | 228 |
| 229 | 230 | 231 |
| 232 | 233 | 234 |
| 235 | 236 | 237 |
| 238 | 239 | 240 |
| 241 | 242 | 243 |
| 244 | 245 | 246 |
| 247 | 248 | 249 |
| 250 | 251 | 252 |
| 253 | 254 | 255 |
| 256 | 257 | 258 |
| 259 | 260 | 261 |
| 262 | 263 | 264 |
| 265 | 266 | 267 |
| 268 | 269 | 270 |
| 271 | 272 | 273 |
| 274 | 275 | 276 |
| 277 | 278 | 279 |
| 280 | 281 | 282 |
| 283 | 284 | 285 |
| 286 | 287 | 288 |
| 289 | 290 | 291 |
| 292 | 293 | 294 |
| 295 | 296 | 297 |
| 298 | 299 | 300 |
| 301 | 302 | 303 |
| 304 | 305 | 306 |
| 307 | 308 | 309 |
| 310 | 311 | 312 |
| 313 | 314 | 315 |
| 316 | 317 | 318 |
| 319 | 320 | 321 |
| 322 | 323 | 324 |
| 325 | 326 | 327 |
| 328 | 329 | 330 |
| 331 | 332 | 333 |
| 334 | 335 | 336 |
| 337 | 338 | 339 |
| 340 | 341 | 342 |
| 343 | 344 | 345 |
| 346 | 347 | 348 |
| 349 | 350 | 351 |
| 352 | 353 | 354 |
| 355 | 356 | 357 |
| 358 | 359 | 360 |
| 361 | 362 | 363 |
| 364 | 365 | 366 |
| 3 | | |

[illegible]

OR OTHER THAN SMALL ENTITY

| RATE | FEE | RATE | FEE |
|-----------|-----|-----------|-----|
| BASIC FEE | | BASIC FEE | 860 |
| X\$ 9= | | X\$18= | 558 |
| X40= | | X80= | |
| +135= | | +270= | |
| TOTAL | | TOTAL | |

| Column 1 | Column 2 | Column 3 |
|----------|----------|----------|
| 1 | 2 | 3 |
| 4 | 5 | 6 |
| 7 | 8 | 9 |
| 10 | 11 | 12 |
| 13 | 14 | 15 |
| 16 | 17 | 18 |
| 19 | 20 | 21 |
| 22 | 23 | 24 |
| 25 | 26 | 27 |
| 28 | 29 | 30 |
| 31 | 32 | 33 |
| 34 | 35 | 36 |
| 37 | 38 | 39 |
| 40 | 41 | 42 |
| 43 | 44 | 45 |
| 46 | 47 | 48 |
| 49 | 50 | 51 |
| 52 | 53 | 54 |
| 55 | 56 | 57 |
| 58 | 59 | 60 |
| 61 | 62 | 63 |
| 64 | 65 | 66 |
| 67 | 68 | 69 |
| 70 | 71 | 72 |
| 73 | 74 | 75 |
| 76 | 77 | 78 |
| 79 | 80 | 81 |
| 82 | 83 | 84 |
| 85 | 86 | 87 |
| 88 | 89 | 90 |
| 91 | 92 | 93 |
| 94 | 95 | 96 |
| 97 | 98 | 99 |
| 100 | 101 | 102 |
| 103 | 104 | 105 |
| 106 | 107 | 108 |
| 109 | 110 | 111 |
| 112 | 113 | 114 |
| 115 | 116 | 117 |
| 118 | 119 | 120 |
| 121 | 122 | 123 |
| 124 | 125 | 126 |
| 127 | 128 | 129 |
| 130 | 131 | 132 |
| 133 | 134 | 135 |
| 136 | 137 | 138 |
| 139 | 140 | 141 |
| 142 | 143 | 144 |
| 145 | 146 | 147 |
| 148 | 149 | 150 |
| 151 | 152 | 153 |
| 154 | 155 | 156 |
| 157 | 158 | 159 |
| 160 | 161 | 162 |
| 163 | 164 | 165 |
| 166 | 167 | 168 |
| 169 | 170 | 171 |
| 172 | 173 | 174 |
| 175 | 176 | 177 |
| 178 | 179 | 180 |
| 181 | 182 | 183 |
| 184 | 185 | 186 |
| 187 | 188 | 189 |
| 190 | 191 | 192 |
| 193 | 194 | 195 |
| 196 | 197 | 198 |
| 199 | 200 | 201 |
| 202 | 203 | 204 |
| 205 | 206 | 207 |
| 208 | 209 | 210 |
| 211 | 212 | 213 |
| 214 | 215 | 216 |
| 217 | 218 | 219 |
| 220 | 221 | 222 |
| 223 | 224 | 225 |
| 226 | 227 | 228 |
| 229 | 230 | 231 |
| 232 | 233 | 234 |
| 235 | 236 | 237 |
| 238 | 239 | 240 |
| 241 | 242 | 243 |
| 244 | 245 | 246 |
| 247 | 248 | 249 |
| 250 | 251 | 252 |
| 253 | 254 | 255 |
| 256 | 257 | 258 |
| 259 | 260 | 261 |
| 262 | 263 | 264 |
| 265 | 266 | 267 |
| 268 | 269 | 270 |
| 271 | 272 | 273 |
| 274 | 275 | 276 |
| 277 | 278 | 279 |
| 280 | 281 | 282 |
| 283 | 284 | 285 |
| 286 | 287 | 288 |
| 289 | 290 | 291 |
| 292 | 293 | 294 |
| 295 | 296 | 297 |
| 298 | 299 | 300 |
| 301 | 302 | 303 |
| 304 | 305 | 306 |
| 307 | 308 | 309 |
| 310 | 311 | 312 |
| 313 | 314 | 315 |
| 316 | 317 | 318 |
| 319 | 320 | 321 |
| 322 | 323 | 324 |
| 325 | 326 | 327 |
| 328 | 329 | 330 |
| 331 | 332 | 333 |
| 334 | 335 | 336 |
| 337 | 338 | 339 |
| 340 | 341 | 342 |
| 343 | 344 | 345 |
| 346 | 347 | 348 |
| 349 | 350 | 351 |
| 352 | 353 | 354 |
| 355 | 356 | 357 |
| 358 | 359 | 360 |
| 361 | 362 | 363 |
| 364 | 365 | 366 |
| 3 | | |

| (Column 1) | (Column 2) | (Column 3) |
|--|------------|------------|
| OLAWS | HIGHEST | PRE-SENT |
| NUMBER | PREVIOUSLY | ONLY (%) |
| PREVIOUSLY | PATTON | |
| | PLUS | |
| | MINUS | |
| INDICATION OF MULTIPLE ORP NO. IN CLAIM <input type="checkbox"/> | | |

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|-------------------------|----------------|----|-------------------------|----------------|
| X \$ 9- | | OR | X \$18- | |
| X 40% | | OR | X 36% | |
| + 15% | | OR | + 270- | |
| TOTAL ADDITIONAL FEE | | OR | TOTAL ADDITIONAL FEE | |

| | | | | |
|-------------------------|----------------|----|-------------------------|----------------|
| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
| X50= | | OR | X51= | |
| X40= | | OR | X80= | |
| +136= | | OR | +270= | |
| TOTAL ADDITIONAL FEE | | OR | TOTAL ADDITIONAL FEE | |

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
|------------|------------|------------|

| AMENDMENT C | (Column 1) | (Column 2) | (Column 3) |
|--|---|---|--------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| 1 | | | |
| 2 | | Minus | |
| 3 | | Minus | |
| TOTAL PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

1. The highest number previously paid for IN THIS SPACE is less than 3, enter "3."

Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| X135= | | OR | X270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |